

ARIZONA DEPARTMENT OF WEIGHTS AND MEASURES

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MONTHLY GASOLINE DISPENSING THROUGHPUT REPORT

DATE SUBMITTED: _____

FOR THE MONTH/YEAR OF: _____

BUSINESS NAME: _____

Indicate your assigned BMF # or address:

BMF #: _____

STREET CITY ZIP

GASOLINE THROUGHPUT (EXCLUDE DIESEL AND BIODIESEL):

REGULAR: _____ GALLONS

MIDGRADE: _____ GALLONS

PREMIUM: _____ GALLONS

TOTAL: _____ GALLONS

I understand that an owner of a gasoline-dispensing site is eligible for exemption from Stage II vapor recovery system requirements (ARS §41-2132B) if the total gallons of gasoline dispensed for any month does not exceed 10,000 gallons. I am also aware that in order to maintain my exemption the Department must receive a monthly throughput report stating the number of gallons of gasoline dispensed from the site indicated above for the month by the 15th day of the following month. I also must maintain product transfer documents for at least one year and am subject to an unannounced audit by the Department to verify that I have met the requirements of the exemption. Finally, I have full authority and responsibility to submit the throughput data on behalf of the above named business.

SUBMITTED BY: _____

TITLE: _____

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